

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 9
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee Staples			Date of Public Distribution/Dissemination MM / DD / YYYYYY 09 / 09 / 2015		
Mailing Address US Route 1			Amount 32.67		
City Alexandria		State VA	Zip Code 22314-0000		
Purpose of Expenditure IE-Lee-Postage		Category/ Type 		Transaction ID : E90587281BFF0498182C Date of Disbursement or Obligation MM / DD / YYYYYY 09 / 17 / 2015	
Name of Federal Candidate Mike Lee			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u>		
Calendar Year-To-Date Per Election for Office Sought 115989.63			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYYYY 09 / 12 / 2015		
Mailing Address PO Box 388			Amount 96.00		
City Alexandria		State VA	Zip Code 22313-0388		
Purpose of Expenditure IE-Lee-Donation Processing		Category/ Type 		Transaction ID : EE75977132D0F4C0AAAB Date of Disbursement or Obligation MM / DD / YYYYYY 09 / 12 / 2015	
Name of Federal Candidate Mike Lee			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u>		
Calendar Year-To-Date Per Election for Office Sought 116085.63			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			128.67		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paul Kilgore</i>			Date MM / DD / YYYYYY 12 / 01 / 2015		
[Electronically Filed]					